

**ARIZONA BOARD OF ATHLETIC TRAINING**4205 N. 7<sup>th</sup> Avenue, Suite 305

Phoenix, Arizona 85013

(602) 589-6337

FAX: (602) 589-8354

**ARIZONA VERIFICATION OF LICENSE****INSTRUCTIONS FOR USE:**

1. Complete the applicant portion of the form.
2. Send to the address above for processing or fax to 602-589-8354.

**LICENSEE TO COMPLETE THIS SECTION**

NAME:	Last	First	MI		
Address	Street	City	State	Zip code	
Social Security Number				License Number	
BOC Number		Date Granted			

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SEND VERIFICATION TO:**

NAME OF ORGANIZATION:				
Address	Street	City	State	Zip code

**THE FOLLOWING INFORMATION WILL BE COMPLETED BY THE ARIZONA BOARD OF ATHLETIC TRAINING:**

License Number		Date Issued		Expiration	
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Has disciplinary action been taken against licensee?

☐ YES☐ NO

Is there any disciplinary action pending?

☐ YES☐ NO

Completed by	
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Signature		Title	
Telephone Number	( )	Date	